

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: GRACE POINTE (0011014)
Address: 1846 N GREEN BAY RD, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 07/28/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097268 **End Date:** 06/05/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009170 Served 07/13/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 13.05(3)(a) | ENTITY ALLEGATION REPORTING REQUIREMENTS | | |
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | | |
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | | |
| 88.06(2)(a) | ADMISSION-HEALTH EXAM | | |
| 88.07(2)(b)4 | RECORD OF MEDICAL VISITS AND REPORTS | | |
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | | |
| 88.09(2)(a) | SERVICE PROVIDER RECORD | | |
| 88.09(2)(a)9 | HEALTH SCREENING | | |

Survey ID: 0095276 **End Date:** 07/28/2005 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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| Complaint History |
|-------------------|
|-------------------|

Date Complaint Received: 02/15/2006

Date Investigation Completed: 06/05/2006

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009170

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